

SERFF Tracking Number: AWLP-127638766 State: California
 Filing Company: Anthem Blue Cross Life and Health Insurance Company State Tracking Number: PF-2011-01828
 Company Tracking Number:
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
 Expense
 Product Name: CalChoice GenRx
 Project Name/Number: /

Filing at a Glance

Company: Anthem Blue Cross Life and Health Insurance Company

Product Name: CalChoice GenRx SERFF Tr Num: AWLP-127638766 State: California
 TOI: H15G Group Health - SERFF Status: Assigned State Tr Num: PF-2011-01828
 Hospital/Surgical/Medical Expense
 Sub-TOI: H15G.003 Small Group Only Co Tr Num: State Status:
 Filing Type: Rate Reviewer(s): Bruce Hinze, Angela Jang, Sai-on Sam, Ali Zaker-Shahrak, Wayne Thomas, Karl Whitmarsh
 Authors: Michael Cole, Wei Chen Disposition Date:
 Date Submitted: 09/20/2011 Disposition Status:
 Implementation Date Requested: 01/01/2012 Implementation Date:

General Information

Project Name: Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 09/21/2011
 State Status Changed: Deemer Date:
 Created By: Wei Chen Submitted By: Wei Chen
 Corresponding Filing Tracking Number:
 PPACA: Not PPACA-Related
 PPACA Notes: null
 Filing Description:
 New product filing for CaliforniaChoice GenRx plan rates effective January 1, 2012.

Company and Contact

SERFF Tracking Number: AWLP-127638766 State: California
 Filing Company: Anthem Blue Cross Life and Health Insurance State Tracking Number: PF-2011-01828
 Company
 Company Tracking Number:
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
 Expense
 Product Name: CalChoice GenRx
 Project Name/Number: /

Filing Contact Information

Michael Cole, Michael.Cole@wellpoint.com
 2100 Corporate Center Drive 805-713-7285 [Phone]
 CANQ-02K 805-713-8263 [FAX]
 Newbury Park, CA 91320

Filing Company Information

Anthem Blue Cross Life and Health Insurance CoCode: 62825 State of Domicile: California
 Company
 21555 Oxnard Street Group Code: 671 Company Type: Life, Accident,
 Health
 Woodland Hills, CA 91367 Group Name: WellPoint Inc Group State ID Number:
 (916) 447-9280 ext. [Phone] FEIN Number: 95-4331852

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Anthem Blue Cross Life and Health Insurance Company	\$0.00		

SERFF Tracking Number:	AWLP-127638766	State:	California
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TOI:	H15G Group Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H15G.003 Small Group Only
Product Name:	CalChoice GenRx		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Anthem Blue Cross Life and Health Insurance Company	New Product	%	%				%	%

SERFF Tracking Number:	AWLP-127638766	State:	California
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TOI:	H15G Group Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H15G.003 Small Group Only
Product Name:	CalChoice GenRx		
Project Name/Number:	/		

Rate Review Details

COMPANY:

Company Name:	Anthem Blue Cross Life and Health Insurance Company
HHS Issuer Id:	48962
Product Names:	PPO 750 GenRx, PPO 1000 GenRx

Trend Factors:

FORMS:

New Policy Forms:	0GQM, 0GQL
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Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE

INFORMATION:

Change Period:	Semi-annual
Member Months:	0
Benefit Change:	None
Percent Change Requested:	Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:

Total Incurred Claims:

Annual \$:	Min: Max: Avg:
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REQUESTED RATE:

Projected Earned Premium:	433.40
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Projected Incurred Claims:	385.30
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<i>SERFF Tracking Number:</i>	<i>AWLP-127638766</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Anthem Blue Cross Life and Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2011-01828</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15G Group Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15G.003 Small Group Only</i>
<i>Product Name:</i>	<i>CalChoice GenRx</i>		
<i>Project Name/Number:</i>	<i>/</i>		
<i>Annual \$:</i>	<i>Min: 420.12 Max: 446.67 Avg: 433.40</i>		

SERFF Tracking Number: AWLP-127638766 State: California

Filing Company: Anthem Blue Cross Life and Health Insurance Company State Tracking Number: PF-2011-01828

Company Tracking Number:

TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense

Product Name: CalChoice GenRx

Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:* Action:*	Rate Action Information:	Attachments
	CaliforniaChoice GenRx Rates Effective January 1, 2012	0GQL, 0GQM	New		ABC CALCHOICE PPO_Rates_1_1 _2012.pdf

ANTHEM BLUE CROSS LIFE & HEALTH PPO GROSS

Plan: PP0 750 GenRx (0GQL)

Area: 1	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	378.92	1,028.82	824.84	1,270.75
	30-39	463.42	1,136.68	918.11	1,468.95
	40-49	641.20	1,314.46	993.87	1,684.64
	50-54	871.47	1,798.29	1,177.48	1,990.66
	55-59	1,081.34	2,238.39	1,378.58	2,439.51
	60-64	1,410.66	2,806.71	1,705.02	3,063.20
	65-99	1,734.19	3,864.69	2,031.47	3,981.28
	65-99 **	836.47	2,966.99	1,133.73	3,083.58

Area: 2	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	311.74	844.75	677.80	1,043.87
	30-39	380.26	933.73	754.81	1,208.22
	40-49	528.49	1,080.16	816.95	1,383.42
	50-54	716.31	1,477.44	968.41	1,636.44
	55-59	889.21	1,840.00	1,132.85	2,005.93
	60-64	1,160.26	2,306.99	1,401.98	2,517.79
	65-99	1,425.67	3,176.34	1,670.81	3,273.21
	65-99 **	687.28	2,437.96	932.44	2,534.84

Area: 3	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	256.45	695.76	557.94	859.41
	30-39	313.47	768.84	621.00	994.20
	40-49	434.51	888.94	672.27	1,139.38
	50-54	589.47	1,216.19	797.04	1,346.95
	55-59	731.99	1,514.60	932.48	1,650.71
	60-64	954.92	1,899.12	1,153.82	2,072.52
	65-99	1,173.58	2,614.69	1,374.74	2,694.18
	65-99 **	565.68	2,006.80	766.86	2,086.29

Area: 4	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	287.67	776.53	621.61	959.58
	30-39	350.05	857.00	694.04	1,108.48
	40-49	484.84	991.79	750.39	1,271.41
	50-54	657.84	1,357.94	889.20	1,502.75
	55-59	816.75	1,689.86	1,040.06	1,842.72
	60-64	1,066.22	2,118.34	1,287.51	2,313.51
	65-99	1,309.62	2,916.99	1,534.95	3,005.51
	65-99 **	631.67	2,239.06	857.00	2,327.56

Area: 5	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	316.00	854.05	685.38	1,054.74
	30-39	384.34	943.72	762.25	1,221.28
	40-49	533.78	1,091.05	826.27	1,398.53
	50-54	723.81	1,492.46	977.88	1,654.73
	55-59	898.87	1,859.69	1,144.42	2,028.36
	60-64	1,172.20	2,331.58	1,417.71	2,545.07
	65-99	1,441.22	3,209.11	1,688.88	3,307.31
	65-99 **	696.06	2,463.94	943.72	2,562.14

Area: 6	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	256.40	693.16	556.20	856.01
	30-39	311.67	765.40	619.06	990.51
	40-49	432.99	885.66	669.94	1,135.06
	50-54	587.74	1,211.89	793.75	1,342.38
	55-59	728.99	1,508.98	928.24	1,645.38
	60-64	950.89	1,892.39	1,150.13	2,065.18
	65-99	1,169.58	2,605.25	1,370.71	2,685.06
	65-99 **	564.27	1,999.95	765.40	2,079.76

Area: 7	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	231.99	625.39	502.33	772.66
	30-39	282.42	691.94	558.80	893.67
	40-49	391.36	798.85	605.21	1,024.81
	50-54	530.55	1,093.40	716.16	1,210.39
	55-59	657.67	1,361.73	839.21	1,484.76
	60-64	859.39	1,708.68	1,036.93	1,864.02
	65-99	1,055.06	2,352.24	1,236.62	2,422.84
	65-99 **	508.36	1,805.54	689.93	1,876.15

Area: 8	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	251.54	679.18	543.79	839.08
	30-39	306.05	749.54	606.99	969.36
	40-49	424.04	867.22	656.12	1,111.88
	50-54	575.26	1,187.38	777.69	1,314.31
	55-59	714.20	1,477.82	909.45	1,611.36
	60-64	932.22	1,852.72	1,125.95	2,023.13
	65-99	1,145.41	2,551.05	1,342.46	2,628.61
	65-99 **	552.47	1,958.14	749.54	2,035.69

Area: 9	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	238.80	645.94	518.81	798.84
	30-39	290.32	712.95	577.24	922.53
	40-49	403.72	826.34	625.34	1,058.26
	50-54	548.04	1,130.40	740.44	1,250.66
	55-59	680.31	1,407.00	865.86	1,534.13
	60-64	886.47	1,764.32	1,072.00	1,925.81
	65-99	1,090.89	2,429.19	1,278.16	2,503.05
	65-99 **	525.68	1,863.98	712.95	1,937.84

** Medicare Primary Rate

0GQL - Monthly Premium Rate
Annual Premium = Monthly Rate x 12

ANTHEM BLUE CROSS LIFE & HEALTH PPO GROSS

Plan: PP0 1000 GenRx (0GQM)

Area: 1	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	356.39	967.66	775.80	1,195.21
	30-39	435.87	1,069.11	863.53	1,381.61
	40-49	603.08	1,236.32	934.78	1,584.48
	50-54	819.66	1,691.38	1,107.48	1,872.32
	55-59	1,017.06	2,105.31	1,296.62	2,294.47
	60-64	1,326.79	2,639.85	1,603.66	2,881.09
	65-99	1,631.08	3,634.93	1,910.69	3,744.59
	65-99 **	786.74	2,790.60	1,066.33	2,900.26

Area: 2	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	293.21	794.54	637.51	981.81
	30-39	357.65	878.21	709.93	1,136.40
	40-49	497.07	1,015.94	768.39	1,301.18
	50-54	673.72	1,389.60	910.84	1,539.14
	55-59	836.35	1,730.60	1,065.49	1,886.68
	60-64	1,091.28	2,169.84	1,318.64	2,368.11
	65-99	1,340.91	2,987.51	1,571.48	3,078.61
	65-99 **	646.42	2,293.02	877.00	2,384.14

Area: 3	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	241.20	654.40	524.76	808.32
	30-39	294.84	723.13	584.08	935.09
	40-49	408.67	836.09	632.31	1,071.64
	50-54	554.42	1,143.88	749.65	1,266.87
	55-59	688.47	1,424.55	877.05	1,552.56
	60-64	898.14	1,786.21	1,085.22	1,949.31
	65-99	1,103.80	2,459.25	1,293.01	2,534.00
	65-99 **	532.05	1,887.49	721.27	1,962.26

Area: 4	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	270.56	730.36	584.66	902.53
	30-39	329.24	806.05	652.78	1,042.58
	40-49	456.01	932.82	705.78	1,195.82
	50-54	618.73	1,277.21	836.33	1,413.41
	55-59	768.20	1,589.40	978.22	1,733.16
	60-64	1,002.84	1,992.40	1,210.96	2,175.96
	65-99	1,231.76	2,743.58	1,443.71	2,826.82
	65-99 **	594.12	2,105.94	806.05	2,189.19

Area: 5	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	297.21	803.27	644.64	992.04
	30-39	361.49	887.61	716.93	1,148.68
	40-49	502.05	1,026.19	777.15	1,315.39
	50-54	680.78	1,403.73	919.75	1,556.35
	55-59	845.44	1,749.13	1,076.39	1,907.78
	60-64	1,102.51	2,192.96	1,333.42	2,393.76
	65-99	1,355.54	3,018.32	1,588.48	3,110.68
	65-99 **	654.67	2,317.45	887.61	2,409.82

Area: 6	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	241.15	651.95	523.14	805.12
	30-39	293.14	719.91	582.25	931.62
	40-49	407.25	833.00	630.11	1,067.58
	50-54	552.80	1,139.85	746.56	1,262.58
	55-59	685.66	1,419.27	873.05	1,547.55
	60-64	894.36	1,779.88	1,081.75	1,942.40
	65-99	1,100.04	2,450.36	1,289.22	2,525.42
	65-99 **	530.73	1,881.05	719.89	1,956.12

Area: 7	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	218.19	588.20	472.46	726.73
	30-39	265.62	650.80	525.59	840.54
	40-49	368.11	751.35	569.24	963.88
	50-54	499.01	1,028.39	673.59	1,138.44
	55-59	618.56	1,280.76	789.33	1,396.49
	60-64	808.29	1,607.11	975.28	1,753.21
	65-99	992.33	2,212.39	1,163.11	2,278.80
	65-99 **	478.14	1,698.20	648.91	1,764.61

Area: 8	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	236.59	638.80	511.46	789.19
	30-39	287.85	704.98	570.91	911.73
	40-49	398.82	815.67	617.12	1,045.78
	50-54	541.06	1,116.79	731.46	1,236.16
	55-59	671.74	1,389.96	855.38	1,515.56
	60-64	876.80	1,742.58	1,059.01	1,902.86
	65-99	1,077.31	2,399.39	1,262.65	2,472.33
	65-99 **	519.64	1,841.72	704.98	1,914.67

Area: 9	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	224.60	607.54	487.96	751.35
	30-39	273.06	670.56	542.92	867.68
	40-49	379.72	777.21	588.16	995.35
	50-54	515.45	1,063.20	696.41	1,176.31
	55-59	639.86	1,323.35	814.38	1,442.92
	60-64	833.76	1,659.42	1,008.27	1,811.32
	65-99	1,026.04	2,284.76	1,202.18	2,354.24
	65-99 **	494.44	1,753.16	670.56	1,822.64

** Medicare Primary Rate

0GQM - Monthly Premium Rate
Annual Premium = Monthly Rate x 12

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 Company Tracking Number:
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
 Expense
 Product Name: CalChoice GenRx
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Filing Cover Sheet		
Comments: n/a		
Attachment: Cover Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: Document Submission Formset		
Comments: n/a		
Attachment: Document Submission Formset.pdf		

	Item Status:	Status Date:
Satisfied - Item: Rating Plans		
Comments: n/a		
Attachments: NewProdRtFmv2.pdf CALCHOICE PPO_Rates_1_1_2012.xlsx Actuarial Memorandum_Q12012_CalChoice.pdf		

	Item Status:	Status Date:
Bypassed - Item: Third Party Authorization		
Bypass Reason: new product filing		
Comments:		

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Company
Company Tracking Number:
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense
Product Name: CalChoice GenRx
Project Name/Number: /

Item Status: Status
Date:

Bypassed - Item: Rate Summary Worksheet
Bypass Reason: New Product filing
Comments:

Item Status: Status
Date:

Bypassed - Item: Consumer Disclosure Form
Bypass Reason: New product filing
Comments:

CALIFORNIA DEPARTMENT OF INSURANCE

Reset Form

FILING COVER SHEET for FORMS FILINGS with the POLICY APPROVAL BUREAU

(Suggested for use as the cover letter required by Title 10, California Code of Regulations §2205.)

TO: State of California Department of Insurance Policy Approval Bureau 45 Fremont Street San Francisco, CA 94105	FROM: (Official Insurer Name): Anthem Blue Cross Life and Health Insurance Company <hr/> Submitter and Complete Mailing Address: Michael Cole - Actuarial Dir. Anthem Blue Cross Life and Health Insurance Company 2100 Corporate Center Drive (CANQ02-K000) Newbury Park, CA 91320 <hr/> Submission Date: 9/20/11
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1. IDENTIFYING FORM NUMBER(S): 0GQL, 0GQM
 [The form number(s) of one or more of the documents submitted by which the filing can be identified. §2205(a)]

2. DOCUMENT CLASS [The subdivision of 10 CCR §2202(a) which best describes the forms submitted. (§2205(b))]

Generic Description and Definition Citation	<u>Check Below</u>		Generic Description and Definition Citation	<u>Check Below</u>
Health Insurance [Hospital, medical, surgical insurance, expense-incurred or indemnity. §2202(a)(1)]	<input checked="" type="checkbox"/>		Credit Life and Disability [§2202(a)(6)]	
Group and Blanket Life and Non-health Disability [§2202(a)(2)]			Supplemental Life Benefits [§2202(a)(7)]	
Individual Disability, Non-health [§2202(a)(3)]			Variable Life and Annuities [§2202(a)(8)]	
Medicare Supplement [§2202(a)(4)]			Fraternal [Non-health Disability. §2202(a)(9)]	
Long-Term Care [§2202(a)(5)]			Unclassified [§2202(a)(11)]	
* Describe briefly (documents other than those described above may have to be filed with other Department Bureaus; see §2206):				

3. GROUP AND/OR INDIVIDUAL [Are the forms group, individual or used in both contexts? §2205(b)]

Group Only:	<input checked="" type="checkbox"/>		Individual Only:	<input type="checkbox"/>		Group and Individual:	<input type="checkbox"/>	
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4. EMPLOYER SIZE (Employer Health Insurance Only) [Where the forms submitted provide health coverage through employment, the minimum and the maximum sizes of the employers in terms of number of employees §2205(c)]

2 to 50 Employees:	<input checked="" type="checkbox"/>		Over 50 Employees:	<input type="checkbox"/>		All Employers:	<input type="checkbox"/>	
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5. REPLACES PREVIOUSLY-APPROVED DOCUMENT(S)? [Do any documents replace previously-approved documents. §2205(d)]

N/A.

6. FINAL PRINT FORM? [List those documents NOT in the final printed form in which they will be issued to insureds §2205(e)]

<u>Document(s)</u>	<u>Document(s)</u>

7. TYPE OF DOCUMENT WITH WHICH IT WILL BE USED [For each document (such as a rider) which is designed to be used with another document not included in the filing, a statement of the document class with which it is to be used. §2205(f)]

<u>Document Form Number</u>	<u>Document Class (from Item 2, above)</u>
	Health Insurance

8. Master Policy Form Number and Approval Date: _____

[Where a certificate is submitted for use with a previously approved "group" document, the form number and the filing or approval date of the previously approved group document. §2205(g)]

9. IF ABOVE INFORMATION CANNOT BE FURNISHED, EXPLAIN WHY. [If the submitter is unable to furnish the information requested above, explain why. §2205(h)]

10. REMARKS AND ADDITIONAL INFORMATION (Attach additional sheets if necessary):

SUBMITTER'S SIGNATURE AND TITLE: Michael G. Cole cn=Michael G. Cole, o, ou=Actuarial
Dir., email=michael.cole@wellpoint.
com, c=US

CALIFORNIA DOCUMENT SUBMISSION FORMSET

Reset Form

California Insurer Number: (NOT NAIC Number)		FOR DEPARTMENT USE ONLY			
Official Insurer Name: Anthem Blue Cross Life and Health Insurance Company		Our File #		Fee Code:	
Submitter and Complete Mailing Address: Michael Cole CANQ02-K000 2100 Corporate Center Drive Newbury Park, CA 91320		Reviewer:			
Submission Date: 9/20/2011		Dept Action Date:			
	Document Form Number	Doc Type ("Policy," etc)	Document Coverage	Department Action	Fee
1	0GQL	Initial Rates			
2	0GQM	Initial Rates			
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

INSTRUCTIONS: Complete the part of the form to the left of the double vertical line. Enter one document to a numbered line. Use additional formsets if necessary. Be accurate - the copy of this form that we return to you will be your only record of our action on your submission.

THIS IS NOT A BILL - DO NOT PAY. YOU WILL RECEIVE A SEPARATE FILING FEE INVOICE SHORTLY; REMIT FEES ONLY WITH THAT INVOICE.

Total \$

Cont'd on __ pages

DSF 1.35

DEPARTMENT OF INSURANCE**Legal Division**

45 Fremont Street, 24th Floor
San Francisco CA 94105



California New Product Rate Filing Form
For Initial Filing of Individual and Small Group Health Insurance
New Product Rates, Version 2

(do not use this form for filings of rates for existing products)

The rate filing submission for new product rates should include:

- 1) This form
- 2) A spreadsheet with rate information responsive to Questions 10 & 15, below.

1) Company Name:

Anthem Blue Cross Life and Health Insurance Company

2) Number of policy forms covered by the filing: 2

3) Policy form numbers covered by the filing:

List all of the policy form numbers covered by this filing, and all product names associated with each policy form number, in the spreadsheet submitted in response to Question 7.

4) Product types covered by the filing. Selected from the following:

<input type="radio"/>	HMO (Health Maintenance Organization)
<input checked="" type="radio"/>	PPO (Preferred Provider Organization)
<input type="radio"/>	EPO (Exclusive Provider Organization)
<input type="radio"/>	POS (Point of Service)
<input type="radio"/>	FFS (Fee for Service)
<input type="radio"/>	Other (describe) _____

5) Segment type. One of the following:

<input checked="" type="radio"/>	Small Group (2-50 employees)
<input type="radio"/>	Individual

Note: Large Group, Small Group, and Individual filings should not be combined within a single filing.

6) Plan/Insurer Type. One of the following: for-profit company, not-for-profit company.

<input checked="" type="radio"/>	For-profit company
<input type="radio"/>	Not-for-profit company

7) Annual Rate


In a separate spreadsheet, for each product included in the filing, show the policy form number(s), each product name associated with each form number, the period for which the rates are to be effective, and the proposed annual premium rates for each rating cell.

8) Review category: One of the following:

<input checked="" type="radio"/>	Initial Filing for New Product
<input type="radio"/>	Filing for Existing Product
<input type="radio"/>	Resubmission

Resubmissions should be submitted through SERFF under the same state filing number and SERFF tracking number assigned to the original submission of this filing. Do not submit resubmissions as a new filing.

9) Comments. Place any needed comments here.



Attachment "CALCHOICE PPO_Rates_1_1_2012.xlsx" is not a PDF document and cannot be reproduced here.

PDF Pipeline for SERFF Tracking Number AWLP-127638766 Generated 09/27/2011 10:14 AM

ANTHEM BLUE CROSS LIFE & HEALTH PPO GROSS

Plan: PP0 750 GenRx (0GQL)

Area: 1	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	378.92	1,028.82	824.84	1,270.75
	30-39	463.42	1,136.68	918.11	1,468.95
	40-49	641.20	1,314.46	993.87	1,684.64
	50-54	871.47	1,798.29	1,177.48	1,990.66
	55-59	1,081.34	2,238.39	1,378.58	2,439.51
	60-64	1,410.66	2,806.71	1,705.02	3,063.20
	65-99	1,734.19	3,864.69	2,031.47	3,981.28
	65-99 **	836.47	2,966.99	1,133.73	3,083.58

Area: 2	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	311.74	844.75	677.80	1,043.87
	30-39	380.26	933.73	754.81	1,208.22
	40-49	528.49	1,080.16	816.95	1,383.42
	50-54	716.31	1,477.44	968.41	1,636.44
	55-59	889.21	1,840.00	1,132.85	2,005.93
	60-64	1,160.26	2,306.99	1,401.98	2,517.79
	65-99	1,425.67	3,176.34	1,670.81	3,273.21
	65-99 **	687.28	2,437.96	932.44	2,534.84

Area: 3	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	256.45	695.76	557.94	859.41
	30-39	313.47	768.84	621.00	994.20
	40-49	434.51	888.94	672.27	1,139.38
	50-54	589.47	1,216.19	797.04	1,346.95
	55-59	731.99	1,514.60	932.48	1,650.71
	60-64	954.92	1,899.12	1,153.82	2,072.52
	65-99	1,173.58	2,614.69	1,374.74	2,694.18
	65-99 **	565.68	2,006.80	766.86	2,086.29

Area: 4	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	287.67	776.53	621.61	959.58
	30-39	350.05	857.00	694.04	1,108.48
	40-49	484.84	991.79	750.39	1,271.41
	50-54	657.84	1,357.94	889.20	1,502.75
	55-59	816.75	1,689.86	1,040.06	1,842.72
	60-64	1,066.22	2,118.34	1,287.51	2,313.51
	65-99	1,309.62	2,916.99	1,534.95	3,005.51
	65-99 **	631.67	2,239.06	857.00	2,327.56

Area: 5	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	316.00	854.05	685.38	1,054.74
	30-39	384.34	943.72	762.25	1,221.28
	40-49	533.78	1,091.05	826.27	1,398.53
	50-54	723.81	1,492.46	977.88	1,654.73
	55-59	898.87	1,859.69	1,144.42	2,028.36
	60-64	1,172.20	2,331.58	1,417.71	2,545.07
	65-99	1,441.22	3,209.11	1,688.88	3,307.31
	65-99 **	696.06	2,463.94	943.72	2,562.14

Area: 6	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	256.40	693.16	556.20	856.01
	30-39	311.67	765.40	619.06	990.51
	40-49	432.99	885.66	669.94	1,135.06
	50-54	587.74	1,211.89	793.75	1,342.38
	55-59	728.99	1,508.98	928.24	1,645.38
	60-64	950.89	1,892.39	1,150.13	2,065.18
	65-99	1,169.58	2,605.25	1,370.71	2,685.06
	65-99 **	564.27	1,999.95	765.40	2,079.76

Area: 7	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	231.99	625.39	502.33	772.66
	30-39	282.42	691.94	558.80	893.67
	40-49	391.36	798.85	605.21	1,024.81
	50-54	530.55	1,093.40	716.16	1,210.39
	55-59	657.67	1,361.73	839.21	1,484.76
	60-64	859.39	1,708.68	1,036.93	1,864.02
	65-99	1,055.06	2,352.24	1,236.62	2,422.84
	65-99 **	508.36	1,805.54	689.93	1,876.15

Area: 8	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	251.54	679.18	543.79	839.08
	30-39	306.05	749.54	606.99	969.36
	40-49	424.04	867.22	656.12	1,111.88
	50-54	575.26	1,187.38	777.69	1,314.31
	55-59	714.20	1,477.82	909.45	1,611.36
	60-64	932.22	1,852.72	1,125.95	2,023.13
	65-99	1,145.41	2,551.05	1,342.46	2,628.61
	65-99 **	552.47	1,958.14	749.54	2,035.69

Area: 9	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	238.80	645.94	518.81	798.84
	30-39	290.32	712.95	577.24	922.53
	40-49	403.72	826.34	625.34	1,058.26
	50-54	548.04	1,130.40	740.44	1,250.66
	55-59	680.31	1,407.00	865.86	1,534.13
	60-64	886.47	1,764.32	1,072.00	1,925.81
	65-99	1,090.89	2,429.19	1,278.16	2,503.05
	65-99 **	525.68	1,863.98	712.95	1,937.84

** Medicare Primary Rate

0GQL - Monthly Premium Rate
Annual Premium = Monthly Rate x 12

ANTHEM BLUE CROSS LIFE & HEALTH PPO GROSS

Plan: PP0 1000 GenRx (0GQM)

Area: 1	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	356.39	967.66	775.80	1,195.21
	30-39	435.87	1,069.11	863.53	1,381.61
	40-49	603.08	1,236.32	934.78	1,584.48
	50-54	819.66	1,691.38	1,107.48	1,872.32
	55-59	1,017.06	2,105.31	1,296.62	2,294.47
	60-64	1,326.79	2,639.85	1,603.66	2,881.09
	65-99	1,631.08	3,634.93	1,910.69	3,744.59
	65-99 **	786.74	2,790.60	1,066.33	2,900.26

Area: 2	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	293.21	794.54	637.51	981.81
	30-39	357.65	878.21	709.93	1,136.40
	40-49	497.07	1,015.94	768.39	1,301.18
	50-54	673.72	1,389.60	910.84	1,539.14
	55-59	836.35	1,730.60	1,065.49	1,886.68
	60-64	1,091.28	2,169.84	1,318.64	2,368.11
	65-99	1,340.91	2,987.51	1,571.48	3,078.61
	65-99 **	646.42	2,293.02	877.00	2,384.14

Area: 3	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	241.20	654.40	524.76	808.32
	30-39	294.84	723.13	584.08	935.09
	40-49	408.67	836.09	632.31	1,071.64
	50-54	554.42	1,143.88	749.65	1,266.87
	55-59	688.47	1,424.55	877.05	1,552.56
	60-64	898.14	1,786.21	1,085.22	1,949.31
	65-99	1,103.80	2,459.25	1,293.01	2,534.00
	65-99 **	532.05	1,887.49	721.27	1,962.26

Area: 4	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	270.56	730.36	584.66	902.53
	30-39	329.24	806.05	652.78	1,042.58
	40-49	456.01	932.82	705.78	1,195.82
	50-54	618.73	1,277.21	836.33	1,413.41
	55-59	768.20	1,589.40	978.22	1,733.16
	60-64	1,002.84	1,992.40	1,210.96	2,175.96
	65-99	1,231.76	2,743.58	1,443.71	2,826.82
	65-99 **	594.12	2,105.94	806.05	2,189.19

Area: 5	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	297.21	803.27	644.64	992.04
	30-39	361.49	887.61	716.93	1,148.68
	40-49	502.05	1,026.19	777.15	1,315.39
	50-54	680.78	1,403.73	919.75	1,556.35
	55-59	845.44	1,749.13	1,076.39	1,907.78
	60-64	1,102.51	2,192.96	1,333.42	2,393.76
	65-99	1,355.54	3,018.32	1,588.48	3,110.68
	65-99 **	654.67	2,317.45	887.61	2,409.82

Area: 6	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	241.15	651.95	523.14	805.12
	30-39	293.14	719.91	582.25	931.62
	40-49	407.25	833.00	630.11	1,067.58
	50-54	552.80	1,139.85	746.56	1,262.58
	55-59	685.66	1,419.27	873.05	1,547.55
	60-64	894.36	1,779.88	1,081.75	1,942.40
	65-99	1,100.04	2,450.36	1,289.22	2,525.42
	65-99 **	530.73	1,881.05	719.89	1,956.12

Area: 7	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	218.19	588.20	472.46	726.73
	30-39	265.62	650.80	525.59	840.54
	40-49	368.11	751.35	569.24	963.88
	50-54	499.01	1,028.39	673.59	1,138.44
	55-59	618.56	1,280.76	789.33	1,396.49
	60-64	808.29	1,607.11	975.28	1,753.21
	65-99	992.33	2,212.39	1,163.11	2,278.80
	65-99 **	478.14	1,698.20	648.91	1,764.61

Area: 8	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	236.59	638.80	511.46	789.19
	30-39	287.85	704.98	570.91	911.73
	40-49	398.82	815.67	617.12	1,045.78
	50-54	541.06	1,116.79	731.46	1,236.16
	55-59	671.74	1,389.96	855.38	1,515.56
	60-64	876.80	1,742.58	1,059.01	1,902.86
	65-99	1,077.31	2,399.39	1,262.65	2,472.33
	65-99 **	519.64	1,841.72	704.98	1,914.67

Area: 9	Age Band	EE Only	EE and Spouse	EE and Child(ren)	Family
	0-29	224.60	607.54	487.96	751.35
	30-39	273.06	670.56	542.92	867.68
	40-49	379.72	777.21	588.16	995.35
	50-54	515.45	1,063.20	696.41	1,176.31
	55-59	639.86	1,323.35	814.38	1,442.92
	60-64	833.76	1,659.42	1,008.27	1,811.32
	65-99	1,026.04	2,284.76	1,202.18	2,354.24
	65-99 **	494.44	1,753.16	670.56	1,822.64

** Medicare Primary Rate

0GQM - Monthly Premium Rate
Annual Premium = Monthly Rate x 12

Anthem Blue Cross Life and Health Insurance Company
Actuarial Memorandum
Small Group CaliforniaChoice New Plans Rates Effective January 1, 2012

The purpose of this filing is to communicate with the Department of Insurance (“CDI”) the proposed standard risk rates for two (2) new CaliforniaChoice Small Group PPO GenRx plan designs. The accompanying new plan designs will be filed shortly.

Currently, Anthem reviews and files semi-annually, as necessary, for its Small Group CaliforniaChoice business. The standard risk rates contained in this filing are applicable to new business or existing groups that choose to enroll in these new plans starting January 1, 2012.

The CaliforniaChoice Program is a “marketing cooperative” or “exchange” authorized by the Department of Corporations in 1995 that offers a choice of plans, both full-service and specialized, to employers and employees in both the small group market and in the medium-size group market. Anthem Blue Cross Life and Health Insurance Company (“Anthem” or “Plan”) notes that the rate for a particular employer group is determined by CaliforniaChoice Benefit Administrators (“CaliforniaChoice”) based on the plans chosen by a particular employer group. To clarify, these plans may consist of only Anthem plans, or a combination of an Anthem plan(s) and other carrier plans.

This memorandum together with the submitted “California New Product Rate Filing Form” and accompanying proposed standard risk rates are intended to meet the requirements set forth in Senate Bill 1163, and accompanying Guidance. Note that there is no spreadsheet attachment due to the fact that these are new plans, and as such, there is no data to provide.

Premium rates for these new products will vary by attained age of the subscriber, contract type, region, and group specific risk adjustment factor (RAF). The contract types are Single, Subscriber and Spouse, Subscriber and Child(ren), Subscriber and Family.

Due to the particular feature of the CaliforniaChoice Small Group Program, CaliforniaChoice is the entity that applies the risk adjustment factor and sets the risk adjusted employee risk rate for a particular employer group. To the best of Anthem’s knowledge, this risk adjustment factor is not less than 0.9 and no more than 1.10.

There is a 12-month rate guarantee at initial sale for all plans. While Anthem maintains the contractual right to vary rates more frequently than annually beyond the initial 12-month rate guarantee period, subscribers will generally receive rate changes on their assigned renewal month.

The benefits to be offered for the new plans will comply with the provisions of the Federal Patient Protection and Affordable Care Act (PPACA).

The deductible, coinsurance, and out-of-pocket maximums for the new plans are listed in the table shown below.

Plan Description	Office Visit Copay	Annual Deductible In-Network / Out-of-Network Combined	Member Coinsurance In-network / Out-of-network	Out-of-Pocket Maximum¹ In-network / Out-of-network²	Rx³
PPO 750 GenRx	\$35	\$750 per member; \$1,500 per 2-member family; \$2,250 per 3 or more member family	35% / 50% of maximum allowed amount	\$4,500 per member; \$9,000 per family / \$10,000 per member	\$15/30% up to \$150 copay max
PPO 1000 GenRx	\$45	\$1,000 per member; \$2,000 per 2-member family; \$3,000 per 3 or more member family	45% / 50% of maximum allowed amount	\$5,000 per member; \$10,000 per family / \$10,000 per member	\$15/30% up to \$150 copay max

- ¹ includes deductible
- ² Member's stoploss once Anthem payments reach \$10,000 for the allowed out-of-network charges
- ³ \$15 member copay for Generic only drugs, 30% member coinsurance up to \$150 copay maximum for self-injectable drugs in Generic only drugs

The most similar existing CaliforniaChoice plan filed with CDI to the two new PPO GenRx plans is the CaliforniaChoice PPO 1000 plan. The plan's major benefit structure is shown below:

Plan Description	Office Visit Copay	Annual Deductible In-Network / Out-of-Network Combined	Member Coinsurance In-network / Out-of-network	Out-of-Pocket Maximum¹ In-network / Out-of-network²	Rx³
PPO 1000	\$40	\$1,000 per member; \$2,000 per 2-member family; \$3,000 per 3 or more member family	30% / 50% of maximum allowed amount	\$5,000 per member; \$10,000 per family / \$10,000 per member	\$200/\$15/\$30/\$50/30%

- ¹ includes deductible
- ² Member's stoploss once Anthem payments reach \$10,000 for the allowed out-of-network charges
- ³ \$200 deductible for brand name drugs, \$15 copay for generic drugs, \$30 copay for brand formulary drugs, \$50 copay for brand non-formulary drugs, and 30% coinsurance for self-injectables with \$150 copay maximum

The following table summarizes the weighted average premium relativities to the PPO 1000 by plan:

Base Plan	GenRx Plan	GenRx Plan Premium Relativity
PPO 1000	PPO 750 GenRx	0.656
PPO 1000	PPO 1000 GenRx	0.617

I, Janet Chiu, am an actuary for Anthem Blue Cross Life and Health Insurance Company and a member of the American Academy of Actuaries. I meet the qualification standards of the American Academy of Actuaries for rate filings of health plans. I have prepared this actuarial memorandum to be consistent with Actuarial Standard of Practice Number 8 as adopted by the Actuarial Standards Board. I certify that, to the best of my knowledge, this filing is in compliance with the laws and regulations of the State of California with regard to development of premium rates.



Janet Chiu, F.S.A., M.A.A.A.
RVP & Actuary I
Anthem Blue Cross Life and Health Insurance Company
September 20, 2011